

10608333

1072

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10608333</u>		FILING DATE	
5/18/05						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		5/18/05			
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						31			
2						32			
3						33			
4						34			
5						35			
6						36			
7						37			
8						38			
9						39			
10						40			
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50									
TOTAL NO.						TOTAL NO.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

2072

CLAIMS ONLY							Application Number 10/608 333		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
10 1		2					51					
10 2		1					52					
10 3		2					53					
10 4		2					54					
10 5		1					55					
10 6		1					56					
10 7		1					57					
10 8		2					58					
10 9		1					59					
1 10		1					60					
1 11		1					61					
1 12		3					62					
1 13	1						63					
1 14		1					64					
1 15		1					65					
1 16		1					66					
1 17							67					
1 18							68					
1 19							69					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					